

KENTUCKY BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING

P.O. Box 1360
 Frankfort, KY 40602
 (502) 564-3296

LICENSE RENEWAL APPLICATION
For Office Use Only

Fee: \$125.00

Late Renewal: \$185.00

License #:

Your license expires on July 1 each year. In accordance with KRS Chapter 309 and regulations governing this profession, you are required to renew your license every year by submitting:

- 1) License Renewal Application form
 - 2) 15 hours of continuing education, 3 of which must be in Ethics (to be documented on the back of this form)
 - 3) Proof of current RID/NAD/NIC certification and
 - 4) Renewal Fee of \$125, made payable to the **Kentucky State Treasurer. DO NOT SEND CASH.**
 - 5) Please return completed form with the appropriate fee to the address above prior to the **deadline date of July 1.**
- **Late fee** for renewals received during the 60-day grace period (postmarked between July 2 and August 31) is \$60. The licensee may continue to work during this grace period.
 - **Licenses not renewed by August 31 will terminate** and you must immediately **CEASE AND DESIST** the practice of interpreting for the deaf and hard of hearing in the Commonwealth of Kentucky.
 - **No exceptions shall be made.**
 - **Incomplete forms will be returned.**

COMPLETE THE FOLLOWING: (Please print or type)

1. _____
 NAME: *LAST* *FIRST* *MIDDLE*

2. _____
 SOCIAL SECURITY NUMBER LICENSE NUMBER

3. _____
 MAILING ADDRESS: *STREET* *or* *P.O. Box*

_____ *CITY* *STATE* *ZIP* *COUNTY*

4. _____ / _____ / _____
 TELEPHONE: *(WORK)* *(HOME)* *(CELL)*

_____ *E-MAIL ADDRESS:* _____ *FAX #*

5. Have you been convicted of a felony or misdemeanor where a jail sentence was imposed, or any crime involving moral turpitude since the last renewal of your license? ☐ Yes ☐ No

If yes, what offense and give details: _____

(Send supporting documentation)

6. Has your License as a licensed interpreter or any other professional credential in Kentucky or any other state been subject to disciplinary action? ☐ Yes ☐ No

If yes, give details: _____

(Send supporting documentation)

7. Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting? ☐ Yes ☐ No

If yes, give details: _____

(Send supporting documentation)

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8. Have you ever been found to have violated the code of ethics of a national organization that issued you a certification you hold or ever held? ☐ Yes ☐ No

If yes, give details: _____
(Send supporting documentation)

9. I wish to be listed in a public directory of licensed interpreters: ☐ Yes ☐ No

List contact information for directory below:

Name _____
Address _____
Phone _____
Email _____

Please complete the form below INCLUDING COMPLETE DATE AND HOURS OBTAINED. **Do not** attach documentation of attendance unless you are audited. It is your responsibility to maintain all documentation of attendance. **Requirements for continuing education are outlined in 201 KAR 39:090** and should be studied carefully. **Fifteen (15) continuing education hours are required, 3 of which must be in Ethics.**

Course Name	Dates Attended mm/dd/yr	Hours Earned	Sponsoring Organization	Prior Board Approval Y/N
Ethics (3 Hrs. required) List below:				

❖ Incomplete forms will be returned

CERTIFICATION AFFIDAVIT

I, the licensee named in the above, do certify *under penalty of law* that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board Interpreters for the Deaf and Hard of Hearing.

Date _____ Applicant's Signature _____
(Sign your name - Do not print or type)

Do Not Write Below This Line--For Board and Office Use Only

AUDIT REVIEW - FOR BOARD MEMBER USE ONLY

Application Approved by: _____ Date: _____

Application Denied by: _____ Date: _____

Resubmitted for review: Approved: [] Denied: [] By: _____ Date: __/__/__

Comments: _____